Milford Del Support Agency Limited

Milford Del Support Agency

Inspection report

Flat 7
2 Hill Street
Sandown
Isle Of Wight
PO36 9DB

Tel: 01983405321

Date of inspection visit:
01 March 2017
08 March 2017

Date of publication:
25 April 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Milford Del provides care and support services to people living at home. Although they provide support to over 40 people in total, they only provide personal care to nine people. Our inspection was based on the care and support provided to these nine people, each of whom received a variety of care hours from the agency depending on their level of need. Some people had a learning disability or autism and were living in individual supported living flats; they required support to enable them to retain a level of independence. Other people had spinal injuries and required 24/7 support with personal care; they were cared for by the agency's 'spinal team'.

The inspection was conducted between 1 and 10 March 2017 and was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always protected from the risks associated with unsuitable staff being employed. Pre-employment checks and references were not always completed before staff started supporting people in their homes. However, the registered manager amended their procedures to address this concern during the course of the inspection.

There were enough staff deployed to meet people's needs. People receiving care from the agency's spinal team received care and support from consistent staff. However, this was not always the case for people living in the supported living flats; this caused anxiety to some people, particularly those with a diagnosis of autism.

Staff sought consent from people before providing support. However, at the care planning stage, managers did not follow legislation designed to protect people's rights. They had made decisions on behalf of people but could not confirm that these were necessary or in the best interests of people.

People received individualised personal care that met their individual needs. However, staff did not always support them in a consistent way that promoted their independence. There was a lack of information in people's care plans about how staff should help people to develop additional skills.

Not everyone had confidence in the service and staff had mixed views about the way it was run. Some were critical of the way their duties were planned and others did not feel communication was always effective between the staff team working with people in the supported living flats.

The registered manager was addressing staff concerns by introducing a more structured rota and making themselves more available to staff.

A new quality assurance process was being introduced. This led to some improvements; however, it needed further time to become fully effective and embedded in practice.

Staff treated people in a caring and compassionate way. They built positive relationships with people and supported them to maintain relationships that were important to them.

People's privacy and dignity were protected, particularly when personal care was being delivered. Staff took care to be as discreet and unobtrusive as possible and gave people time alone when they needed it.

People and their relatives told us they felt safe and trusted the staff from Milford Del who supported them in their homes. Staff knew how to identify, prevent and report incidents of abuse.

People were protected from individual risks in a way that supported them and respected their independence. Risk assessments had been completed and measures put in place to reduce the likelihood of harm. Medicines were managed safely and people received their medicines as prescribed.

Staff completed a wide range of training and were suitably supported in their work. Staff supported people to eat a balanced diet and to access healthcare services when needed.

People were involved in planning the care and support they received. People being cared for by the agency's spinal team received personalised care that met their needs fully. Staff responded promptly when their needs changed.

Most people living in the supported living flats were supported to access activities that met their social needs. These included access to an innovative project that allowed people to interact with animals and socialise with like-minded people living in the community.

The provider sought and acted on feedback from people. There was a complaints procedure in place and the registered manager was planning to develop an easy read version to make it more accessible to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Safe recruitment procedures were not always followed to make sure only suitable staff were employed to support people.

There were enough staff to support people. However, gaps and a lack of consistency in the staff rotas for the supported living flats led to some people becoming anxious.

People trusted the staff who supported them and staff knew how to identify, prevent and report safeguarding concerns.

Potential risks to people were assessed and managed appropriately. Medicines were managed safely and administered by staff who were suitably trained.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff sought verbal consent from people before providing support. Where people were not able to give consent, staff acted in the best interests of people, but did not always document decisions they had made on their behalf.

Staff received appropriate training and demonstrated an understanding of how to apply it in practice. They were suitably supported in their role by managers and supervisors.

People were encouraged to maintain a healthy, balanced diet. Staff monitored people's health and supported them to see doctors or specialists when needed.

Is the service caring?

Good

The service was caring.

Staff built positive relationships with people. They protected people's privacy and dignity at all times.

People were involved in planning the care and support they

received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People living in the supported living flats were not always supported in a consistent way that promoted their independence.

However, people being cared for by the agency's spinal team received personalised care that fully met their needs and staff responded promptly when their needs changed.

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People living in the supported living flats were supported to access a range of activities. These included an innovative project at a woodland site where they could interact with animals.

Care plans contained detailed information to support staff to deliver personal care in accordance with people's preferences and were reviewed regularly.

The provider sought and acted on feedback from people to help improve the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People and staff provided mixed views about the management of the service. Some staff were critical of the way their duties were planned and a lack of communication between staff who supported people in the supported living flats.

A new quality assurance process was being implemented, but this needed time to become fully embedded in practice. However, some audits, observations and spot checks had proved effective in identifying and bringing about improvement.

The registered manager promoted an open and transparent culture. CQC were notified of all significant events and a policy was in place to help ensure staff acted in a transparent way when mistakes were made.

Milford Del Support Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available. The inspector visited the service's office on 1 and 8 March 2017 and spoke with additional people and relatives, and staff, by telephone between 1 and 10 March 2017.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we visited and spoke with four people and one of their relatives at home. We also conducted telephone interviews with one person and three relatives. We spoke with a director of the provider's company, the registered manager, two managers, two deputy managers, a coordinator and 13 care and support staff members. We looked at care records for seven people. We also reviewed records about how the service was managed, including staff training and recruitment records. We also spoke with members of the local authority safeguarding and commissioning teams for their views of the service. We used their comments to help focus our inspection.

The service was last inspected in July 2014 when it was based at a previous location. We identified no concerns at that inspection.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from the risks associated with unsuitable staff being employed. Providers are required to undertake pre-employment checks, including with the Disclosure and Barring Service (DBS), to satisfy themselves that staff are of good character and suitable to work with the people they would be supporting. An enhanced DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

We identified staff who had been recruited within the previous year who had started work prior to their DBS certificates being received or confirmation that they were not on the barred list. The registered manager told us these staff would only have worked alongside existing staff and would have been supervised at all times.

Providers are also required to seek references from care providers where the applicant had previously worked, to make sure their conduct was satisfactory in a care setting. Such references had been obtained in respect of some applicants, but not for others, although references from other, non-care, employers had been obtained.

The registered manager changed the agency's procedures during the course of the inspection to help ensure staff did not work with people until all their pre-employment checks had been completed.

There were enough staff deployed to meet people's needs at the time they needed support. A family member told us, "[My relative] gets out and about a lot; there's always staff available." People received a rota at least a week ahead which showed the staff members allocated to support them each day. People receiving support from the agency's spinal team told us they were cared for by consistent staff. One person said, "I always know who is going to come through the door." Another person told us, "We have still got some of the carers [staff] that started with us. They [the management] made sure I got a consistent team." People also said staff were flexible and changed the visit times to accommodate them. One person told us, "Next week, I have a 10:30 appointment at hospital. I asked for carers to come early and they quickly changed it for me."

However, people living in the supported living flats told us they were not always supported by a consistent team of staff. They said they did not always know which staff member would be attending to support them, as the rota sometimes contained gaps or was changed at short notice. This caused some people, particularly those with a diagnosis of autism, high levels of anxiety, particularly if the staff member assigned was not qualified to support them with a particular activity, such as swimming or visiting the gym. One person told us, "They think as long as they do my routines, it's okay; but it's not if I don't know the staff. They change the rota and don't tell you what the changes are." Another person said, "Someone always turns up, but I don't always know who it will be. There were three gaps last week which made it hard to plan what to do not knowing if there will be a driver [to drive me to an activity]." A family member of another person told us, "The staff seem to change every few weeks and that unsettles [my relative]. We always ask for a [staff member who can drive] so [the person can go out on a particular night a week]. But a lot of the time they have to change [the staff member] at the last minute because [the person scheduled] is not a driver. [My

relative] will have it on his mind until someone tells him who is doing [that] evening."

Staff also felt incomplete or inconsistent rotas had a negative impact on some people. Comments from staff included: "Continuity is important, especially for this client group. Changes can have a big impact"; "Some [people] can cope with changes. [One person] doesn't cope well; he shouts, swears, says he doesn't want you. It's because [the staff member] is not the one he was expecting"; "I can go in the morning, thinking I'm going to support one person, but find I've got to support someone else. It's difficult, especially for the client; they can be quite annoyed and upset"; and "[One person] really does need to know beforehand who's coming. It's a major point of his week, getting his rota; and if there's a gap and he doesn't know who he's going to have it can cause him quite a bit of distress".

The registered manager told us they did all they could to allocate consistent staff to support people and to notify people when their rotas changed. However, they said this was not always possible, especially when staff reported sick at short notice. They added, "Not every [staff member] can work with every [person], so sometimes we have to move staff around." To help address the issue, they were planning to complete the schedules four weeks ahead so people and staff had access to the rota further ahead. However, there was a risk this could lead to more rota changes rather than fewer changes, which would be more unsettling for people.

People and their relatives told us they felt safe and trusted the staff from Milford Del who supported them in their homes. One person said, "[The manager] wants me to feel safe. He says if there's anything bad to tell him straight away." A family member said, "I used to worry a lot when [my relative] first moved to [the service], but he's settled now and I think he's quite safe."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was in place and included in the staff handbook. Staff were required to complete safeguarding training as part of their induction and this was refreshed yearly. Staff were knowledgeable about the signs of potential abuse and the relevant reporting procedures. A staff member told us, "If I had any concerns I'd go to [my line manager] or straight to safeguarding." We saw an example where the registered manager had worked with the local safeguarding authority to investigate an allegation of abuse and protect a person from the risk of harm.

Staff sometimes handled people's money when they supported them with shopping. A suitable procedure was in place for this to protect people from the risk of financial abuse; it included recording purchases and keeping receipts, together with daily checks of the balance and the accounting records.

People were protected from individual risks. Supervisory staff completed assessments to identify any risks to people using the service or the staff supporting them. These included environmental risks in people's homes and risks relating to the health and support needs of the person. When risks were identified, people's care records detailed the action staff should take to minimise the likelihood of harm occurring. For example, staff were given guidance about using moving and handling equipment, and alerted to trip hazards in and around people's homes. One person would be at risk if they accessed the community without staff knowledge or support and there was a personalised plan in place for when this occurred. The plan varied depending on the time of day and was fully understood by staff. Two other people were at risk of developing a dangerous condition associated with spinal injuries. Staff were aware of the relevant signs and symptoms the person might display and the urgent action they needed to take. The information was also recorded in detailed risk assessments within the person's care plan. People receiving support from the agency's spinal team told us when staff used equipment, such as hoists, they always worked in pairs and "know what they are doing".

Where people required assistance to take their medicines, these were managed and administered safely. One person told us, "[Staff] put out the tablets for me and tell me when I should be taking them." The service had a clear medicine policy which stated the tasks staff could and could not undertake in relation to administrating medicines. For some people, the help required was limited to verbally reminding them to take their tablets; for other people staff needed to administer medicines to them, for which they had received appropriate training. The provider had recently introduced competence assessments of staff who administered medicines to help ensure they administered them in a safe and appropriate way. Medication administration records were used by staff to record when they had administered medicines. Those we checked confirmed that people had received their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

People told us that staff asked for their consent before supporting them. However, managers did not always follow the Mental Capacity Act 2005 (MCA) when planning people's care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff had made decisions on behalf of people, including decisions relating to the administration of medicines, the provision of specific diets and the delivery of personal care. The decisions had also been discussed with family members, but had not been documented. In addition, the ability of the person to make the specific decisions had not been recorded, nor had the reasons for staff making them. This was not likely to have had a significant impact on people as staff and managers were clear that they acted in the best interests of people. However, the registered manager acknowledged this was an area for improvement. By the end of the inspection, they had identified a suitable tool to properly document MCA assessments and best interest decisions. They had also changed their processes to help ensure this would be done consistently, at the care planning stage, in future.

Where people had capacity to make decisions, this was recorded in their care files, which some people had signed to show their agreement with the care and support that was planned. Where people had not signed their care file, their verbal agreement was noted.

With the exception of one person, who felt staff did not understand their mental health needs, all other people felt their needs were met by staff who were skilled and suitably trained. One person said of the staff who supported them, "Their training is kept up to date. Anyone who has been sent me has been intelligent; they are people you can have conversations with." Other comments from people included: "They are efficient. I am well cared for at the level I like"; and "Most staff know what they're doing. They all know how to position the sling for the hoist; if they get it wrong, you tell them and they change it".

Most staff working in the agency's spinal team had received additional training from community nurses to support people with specialist bowel care. Their competence to do this had been assessed and they had access to medical advice if needed. One of the people who benefitted from this said, "I used to have to wait for the district nurse, but now they [staff] can [deliver bowel care] earlier and it's much better." A staff member told us, "We were trained by the continence team. [The lead nurse] observed us at least twice and we've all been signed off [as competent]."

Staff told us they had completed a wide range of training in the past year, including medicines administration, moving and handling, safeguarding adults, and the MCA. They were positive about the skills they had developed and demonstrated a good understanding how to apply the training in practice. For example, staff communicated effectively with people who had a learning disability. A staff member told us, "[People] need to know their routine and what's coming. You have to put it in a way they'll understand. Use simple language, do it their own time. For example, with the shower, you put the suggestion to them and let

them process it at their own pace."

The registered manager monitored staff training to help ensure it remained up to date. Where training needed to be refreshed, we saw this had been done or was planned. Staff told us they could request additional training they felt would benefit people. For example, most staff had completed, or were undertaking, autism awareness training. A staff member told us, "I've just done three courses; one for brain injuries and two for autism; they've helped my understanding." Where staff needed to operate equipment, such as hoists, they received training from an in-house trainer using the specific equipment in the home of the relevant person. This helped ensure staff knew how to support the person effectively and safely. In addition, some staff had completed, or were undertaking, vocational qualifications in health and social care, including senior staff, some of whom were studying for level five diplomas.

New staff completed an appropriate induction programme when they started working at the service. Following this, they worked alongside experienced care staff until they felt confident, and had been assessed as competent, to work unsupervised. Arrangements were also in place for staff who were new to care to complete the Care Certificate with an external training provider. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people.

People were cared for by staff who were appropriately supported in their role. The provider had recently enhanced support arrangements for staff by introducing a rolling programme of support for staff. This included a supervision, an observation and a spot check for each staff member every three months. Supervisions provided opportunities for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. Observations allowed staff to demonstrate their skills to a supervisor while providing care and support to a person. Spot checks were unannounced visits by supervisors and were used to check that they were in the right place at the right time and that they delivered effective care and support to people in a safe way. Staff spoke positively about the checks and said they were conducted in a "supportive" way. Each said they had a line manager they could go to for support. Comments included: "My [line] manager is really good about listening. She pops over several times a day to make sure everyone is happy and is really easy to talk to"; "My line manager is very good; he praises us. We know we can go to him and talk about anything"; and "There's always support if you need it, including out of hours". "Staff who had worked at the service for over a year also received an annual appraisal to assess their performance and identify developmental objectives."

Staff supported people to maintain a balanced diet and helped some people to prepare meals. One person said, "[Staff] will make me a nice meal depending on what I feel like. Ten out of ten for cooking." A family member said of the staff, "They try and encourage [my relative] to eat healthily."
A staff member described how they encouraged a person who was over-weight to eat more healthily. They said, "I try to promote healthy examples and set an example myself by eating healthy things around [the person]." Another staff member told us, "[People] buy what they want, when they want, and eat what they want."

People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors and specialist nurses. They also had access to dental care and eyesight tests when needed. One person told us, "[Staff] come to medical appointments with me and make sure the paperwork is up together." Another person said, "When I go to wheelchair services, [the lead staff member] has an input, an observed input, which is helpful for the OT (occupational therapist)."

Good

Is the service caring?

Our findings

People's needs were met by staff in a caring and compassionate way. People described staff as "polite", "considerate" and "kind". Comments from people about the staff included: "They are all really good; you can have a joke"; "They nag me [to do my exercises] in the nicest possible way"; "The carers [staff] are willing to help and never moan"; and "There's good humour and banter; I give as good as I get".

A letter of thanks from a person for whom staff had arranged an emergency dental appointment stated: "She [the staff member] went the extra mile, which we really appreciate." Another letter of thanks from a person thanked staff for their understanding. It stated: "You were party to some very sensitive personal issues. We thank you for your professionalism and sensitivity in dealing with this."

People's key workers had built positive relationships with people. A key worker is a staff member who works closely with a person and acts as a point of contact for the person's family. One person told us, "I feel I can open up to some staff, like [my key worker]." Another person said, "[Staff] are very kind. If I feel on edge, they deal with it and calm me down. [A staff member] gave me a cup of tea and a bit of love and it was just what I needed." The registered manager told us, "We work hard to match people and get the right [staff member] for the right client."

Staff also supported people to maintain relationships with those important to them. A family member told us, "[My relative] comes to visit regularly and I go down to his flat." Staff had also helped facilitate a meeting between a person and an old school friend who visited during the inspection. The person told us they were really looking forward to the visit.

We observed positive interactions between people and staff. On the second day of the inspection, it was one person birthday and staff had organised a party. Several staff members and other people who received the service were in attendance and the person clearly enjoyed themselves. This was an achievement as the person did not normally mix well with other people. Staff spoke fondly about the people they supported. For example, a staff member told us, "You're working one-to-one with people, which is quite a privilege. I've had some wonderful, meaningful conversations with people."

People said their privacy and dignity were protected and respected at all times. Comments included: "They all take their shoes off when they come in; and even ask if they can use the loo"; and "They always knock and ask if they can come in." In addition, people told us care staff were always introduced to them before they started delivering care and support.

Staff explained the practical steps they took to protect people's privacy and dignity when providing personal care. These included keeping the person covered as much as possible and making sure curtains and doors were closed. A person told us, "[Staff] are relaxed and have a laugh with personal care. If any carer is ever inappropriate, I mention it to [one of the managers] and they are taken off the rota." A staff member said, "We always meet [people] before doing any personal care. We have a chat and try to stay relaxed. I think, 'how would I feel if someone was doing it to me?' It's their home, their rules."

Staff were sensitive to the fact that they were working in people's homes and took care to be as discreet and unobtrusive as possible. People were able to choose the gender of the staff member who assisted them and could request a change of staff if they did not feel comfortable with a particular staff member. A person told us, "When I first met [a new staff member], I was a bit unsure and nervous, so I asked her to wait outside and she did." Another person said, "I don't allow male staff to help with personal care and my rota makes sure of that." People's care plans provided guidance to staff about the ways they should respect each person's privacy. For example, one said, "Do not go into [the person's] room until invited. Do not touch anything until [the person] is up. This can take an hour." Some people living in the supported living flats needed some 'alone time' during the day. Staff were sensitive to this and respected people's wishes when they asked for it.

People and relevant family members were involved in planning and agreeing the care and support they received. This started with an assessment of the person's needs followed by the development of a care and support plan. Records confirmed that people were also involved in reviews of their care and in discussing any changes they wished to make to the way care and support they received. A person told us, "[My care plan] was put together in conjunction with [a manager] and us." The manager confirmed this and added, "We discussed the plan with [the person and a family member]; some things were added and some taken away. He [the person] is the master of his own care." Another family member told us, "They [staff] took over [my relative's] needs but have not tried to push me out or take over his life. I still feel I'm involved."

One family member had not agreed with the proposed support plan for their relative as there was a divergence of views as to how the person should be supported. To address this, the registered manager had arranged a multi-disciplinary meeting to discuss and agree the person's plan with relevant professionals, in conjunction with the person's relative. This was planned for the week after our inspection.

Requires Improvement

Is the service responsive?

Our findings

People received individualised personal care that met their individual needs. One person said, "I get lots of care and support. They [staff] help with everything I need help with." When we spoke with staff, they demonstrated a good awareness of people's personal care needs and how each person preferred to receive care and support.

However, we found staff did not always support people living in the supported living flats in a consistent way or in a way that promoted their independence. Some staff were clear that their role was to encourage people to do as much as possible for themselves. Comments included: "We don't take over; we do [tasks] together. We are only support; we're not there to be carers. We encourage [people] to do as much as they can"; and "I try to help them to do as much as they can for themselves while keeping them safe". Care records, though, showed not all staff followed this approach. For example, one person's care plan showed they were capable of making their own meals, but their daily log showed they were often served breakfast in bed by certain staff members. A staff member told us, "I was taught to make [the person] lunch and make him breakfast, but he can do it himself." This did not help promote the person's independence.

The person's family member echoed these concerns. They told us, "[Staff] just give in to [my relative] and do anything for a quiet life." This observation was supported by several staff members. One told us, "There are some [staff] who will go in and do everything for everyone, which is not what we're about. If you do it for them, they won't develop independent living skills." Another staff member said, "It should be about encouraging the person to be the best they can be. There's possibly too much emphasis on doing what [the person] says they want. They need to be encouraged and empowered to do things."

There was a lack of information in people's care plans about how staff should help people living in the supported living flats to enhance their independence by developing additional skills. One of the managers told us they were supporting a person to be "more assertive", although details of how this was to be achieved were not recorded in the person's care plan. The manager told us, "No one else has goals, but anything they wanted to achieve, we would support them with it." We discussed the lack of goal setting with the registered manager and they acknowledged that this was an area for improvement.

A person living in the supported living flats told us staff were not always consistent in the way they delivered care and support. For example, they told us their needs had changed and they required additional help to eat; while some staff recognised this and provided appropriate support, others did not. The person's records included comments from staff seeking clarification about the level of support the person needed, but the person said the issue had not been resolved and they did not always receive the help they felt they needed.

Staff told us they felt more frequent meetings of the staff team, to discuss the level of support people needed and approaches that worked best for each person, would help ensure consistency. A staff member said, "I have been to a couple of client meetings, which were helpful when there was an issue, but generally they don't happen." Another staff member echoed this, saying, "We need more meetings to talk about clients and get each other's views." The registered manager showed us records of some meetings that had

been held, but acknowledged that it would be beneficial to hold them more often for people whose needs were particularly complex.

People being cared for by the agency's spinal team told us they received personalised care that met their needs fully. A person told us, "They [staff] do what we want them to do and take their lead from me. They can either be a shadow in the background or your right hand man, whichever you need at that time." Another person said, "I love [the staff]. I've got the freedom to do what I want when I want." A family member said of the staff, "They operate on the basis of being led by [my relative] and looking after her. They have ways of cajoling her without forcing her."

Staff recognised that some people's mobility varied considerably from day to day and were able to assess and accommodate the level of support they needed at a particular time. For example, a staff member told us, "[One person] uses a ceiling hoist in the morning, but after supporting them with physio exercises they can then manage to transfer [from place to place] by other techniques. The more you get to know [the person], the more you learn how to support them."

Staff responded promptly when people became unwell or their needs changed. A person told us, "[Staff] can spot when I'm off colour. The last time [my relative] was away; [a staff member] rang 111 and they sent the ambulance. I had the onset of [a serious illness]. The other carer stayed on until ambulance arrived. I felt I was in good hands and it gave [my relative] confidence to go on holiday again."

Assessments of people's care needs were completed by one of the managers, who then developed a plan of care. The care plans we viewed provided detailed information to enable staff to provide appropriate personal care in a consistent and individualised way. They included clear directions to staff about the person's daily routines, likes, dislikes and preferences.

Log books were used to record the care and support given to people on a daily basis. These were personalised to help staff record how they had met people's individual needs. For example, a person who was at risk of not drinking enough had a section for staff to record the person's fluid intake.

People living in the supported living flats were usually supported to access activities that met their social needs. One person visited a nearby city each week, which they told us they enjoyed. A staff member said, "[The person] says it's like a mini holiday to her." Other people were supported to access the community to shop, visit cafes, leisure centres and cinemas as they wished.

The provider had recognised that there was a limit to the number of meaningful activities people could access due to budget constraints. To address this, they had set up an innovative community project called "The Land". This was a 12 acre woodland site which provided the opportunity for people to learn woodland crafts and animal husbandry. This involved caring for animals, including llamas and alpacas, and growing vegetables. The provider had opened up the project to other community groups, including other people with learning disabilities living in the local area. This had proved beneficial for some of people living in the supported living flats.

People and their families spoke positively about The Land. One person told us, "I enjoy The Land, looking after the animals." Another person said they enjoyed working with the manager there. Other activities run at The Land included fun days and barbeques which allowed people to mix with like-minded people from the local area and develop friendships. A family member told us, "[My relative] enjoys The Land and the company; he's got a lot out of it."

A director of the provider's company told us, "[One person] has been involved in an egg project in [care] homes and in local carnivals with the alpacas. Some [people] also take eggs and honey out to sell, for example to local cafes." A staff member told us, "The Land is great. [One person] goes a lot. He goes in with the Llamas and chickens and has overcome his fears." Another staff member said the project helped people meet their "socialisation needs".

At the time of the inspection, The Land project was undergoing some safety work, which meant people would not be able to access it for several weeks. To replace it in the interim, the provider was arranging for some glasshouses and chickens to be brought to the grounds of their offices. This would allow people to continue to benefit by working with animals and plants.

The provider sought and acted on feedback from people. Questionnaire surveys were sent to people, their relatives and professionals each year. As few responses were received from people using the service, a director of the provider's company visited people individually to seek their feedback. The registered manager told us a common theme from people's feedback was a lack of consistency of staff allocated to support people and short notice changes to their rotas. To address this, they said they were trying to introduce a more structured schedule to help improve the situation, but this was proving challenging.

Most people and their family members knew how to complain and there was a suitable complaints procedure in place. A family member told us, "I can text [one of the managers] any time and he always gets back to me." One of the managers told us of a complaint about staff not responding to a call bell promptly. They said, "They raised it as an issue and we dealt with it." When we spoke with the person, they confirmed that the matter had been dealt with effectively. The complaints procedure was not available in an accessible format suitable for the needs of all of the people living in the supported living flats. There was no evidence to show that this had had an impact on people receiving the service, but the registered manager told us they were planning to produce an "easy read" version in the near future to make people more aware of the complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

Some people had confidence in the service and felt it was well-led but this was not the view of everyone we spoke with. A person told us, "The manager is excellent and they seem to treat their carers well." A family member told us, "The organisation is good. Overall we are very pleased." Another family member said, "I get on well with the manager. He's been there from the word go and has been great. He understands [my relative] better than anyone." However, some people were less positive, including one family member who told us, "It's the worst choice I've ever made, putting [my relative] there."

Staff provided mixed views about the management of the service. Positive comments included: "Generally it's well organised and well run"; "I've got no problems with the company. I think what they do is amazing"; and "I feel appreciated and valued. [My line manager] always says thank you and is very approachable". Whilst each staff member had a line manager they felt they could go to for support, some felt the overall management of the service was not positive. Comments included: "I've not been happy with management. Managers don't listen"; "[My line manager] appreciates what we do, but I feel taken advantage of because I [am flexible]. I don't think they [management] value their workers"; and "I don't really feel valued or appreciated. The managers are always busy". We discussed this with the registered manager who showed us the staff schedules that showed there was not a general planned expectation that staff should work extra hours.

Some staff were satisfied with the way their duties were planned. Comments included: "My rota is always done and I know what I'm doing"; and "They were hit and miss, but we thrashed it out and it's okay now". However, other staff expressed frustration and dissatisfaction with the way their duties were planned. Comments included: "There's no stability with the rotas. They don't ask when you can work and when you can't work and they're always being changed. I could be shown day off on Saturday only to find the rotas been changed and I'm working. Because I picked up an extra shift once, they've now started putting me down for it every week; I think they take advantage"; "We often get put down for things we haven't agreed to"; and "There is a lot of messing about with rotas and huge expectation to cover as many shifts as possible. You're expected to pick up more hours than your contract. I feel the staff aren't valued as human beings. Staff are thinking 'enough is enough' and leaving. The level of morale is quite low."

The registered manager told us the provider had changed staff contracts to better reflect the hours staff actually worked. This had resulted in more staff being given full time contracts; but they said that in order to meet the contracted hours, some staff had to work in a variety of places supporting a number of different people. They added that flexibility was also needed to cover short notice sickness. The registered manager acknowledged there was a high level of turnover of staff supporting people in the supported living flats. After some analysis, they had concluded that the turnover of 17 staff in the past year had been unusually high but felt it was attributable to a variety of reasons beyond their control.

The agency's spinal team experienced a lower level of staff turnover which benefitted people.
One person said, "There's a good working balance between the staff." A family member told us, "We have a good team now; most have been here a year or more. There are different personalities but they work

together well." A staff member working with the spinal team said, "We have a really, really good team here. Morale is positive and people are eager [to work]."

The registered manager detailed a range of methods they used to communicate with staff, including face-to-face contact, supervision meetings and a monthly 'surgery' when staff could meet with her. However, some staff felt there was poor communication between staff who supported people in the supported living flats. Comments included: "Sometimes there's a lack of information handed over"; "I write notes in the communication book but I know they're not read and picked up on"; and
"There are a few issues of communication between managers and staff. It's not always clear who is responsible for what, for example when you're trying to organise a cross-team event."

The registered manager had sought feedback from staff through a staff consultation survey. Responses were received from 25 staff members. The registered manager told us the responses included "a lot of negativity" from a small number of staff. They said they had addressed any concerns raised through individual sessions of supervision with staff. A common theme had been dissatisfaction with the rotas. This had led them to review the duty planning system and to introduce a four week rota plan that they were trying to implement. In addition, they had arranged to hold monthly 'surgeries' to provide more opportunities to meet with staff and discuss concerns.

Members of the senior management team told us they were happy and motivated in their work. They praised the registered manager and felt the management team worked well together. One of them told us, "[The registered manager] is a really good manager; I can talk to her about anything. It's a good company; nice, fair and we share the workload." Another said, "[The registered manager] is a great manager. She is a good listener and her approach is very good. She makes me feel worthy and that I'm doing something good."

The provider operated an 'employee of the month' scheme to recognise good work and reward staff. Staff who had won the monthly award told us it made them feel "motivated" and "appreciated". The provider also showed their appreciation of staff at Christmas by giving them vouchers for prizes in a raffle.

The registered manager was in the process of implementing a new quality assurance process to help ensure the service met the fundamental standards of quality and safety. However, the systems needed more time to become fully effective and embedded in practice. For example, they had not identified that pre-employment checks were not being completed before staff started work or ensured that the requirements of the Mental Capacity Act were being followed.

Audits of other aspects of the service were effective, including medicines and staff training. These had identified changes that needed to be made, which were then actioned promptly. For example, an audit of people's 'log books' had led to further training and support for staff to improve the quality of recording. The registered manager told us, "We've done a lot of work around medicines and we're confident we are doing well. This was confirmed when we examined medicines management arrangements.

'Spot checks' and 'observational checks' were completed by managers to check staff were working to the required standards. The checks covered aspects including punctuality, safeguarding, moving and positioning practices, medicine administration, dignity and respect. Where the checks indicated staff needed additional support, this was provided. Staff told us these checks were performed in a "supportive way" and were "helpful". The registered manager had developed a continuous improvement plan to address any areas of concern identified by audits, spot checks and other feedback.

The registered manager told us they promoted an open and transparent culture. People living in the supported living flats told us they got "loads" of visitors and could access the community whenever they wished. The registered manager notified CQC of all significant events and there was a duty of candour policy in place to help ensure staff acted in an open and transparent way when mistakes were made.